



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
CHARLES J. KROGMEIER, DIRECTOR

INFORMATIONAL LETTER NO. 937

DATE: September 3, 2010

TO: Iowa Medicaid Dentists and Dental Clinic Providers

ISSUED BY: Iowa Department of Human Services, Iowa Medicaid Enterprise

RE: Billing for Dentures

EFFECTIVE: Upon Receipt

The date of service billed for dentures should be the date the dentures were provided to the Medicaid member. Medicaid reimbursement includes six months follow-up with fitting and adjustments. Medicaid can allow partial reimbursement in the following situations.

1. The dentures are fabricated, but not delivered. The member dies, refuses to accept the dentures or fails to return for the dentures.
 - Bill D5999, unspecified maxillofacial prosthesis. In Box 25 include "00" when both maxillary and mandibular dentures were provided, "01" for maxillary only, and "02" for mandibular only.
 - Use the date on the lab invoice as the date of service
 - Include a copy of the lab invoice
 - Include documentation of the reason the dentures were not delivered
2. The dentist provides the dentures to the Medicaid member and bills the appropriate denture code(s) with the date of service as the date the member received the dentures. The member complains during the six-month follow-up period and the follow-up is not completed. Partial payment is allowed.
 - Credit the original claim. Submit a Credit/Adjustment Request, form 470-0040, available on-line at:
<http://www.ime.state.ia.us/Providers/Forms.html>
 - When the credit appears on your remittance advice statement, submit a claim billing D5999. In Box 25 include "00" for both maxillary and mandibular dentures, "01" for maxillary only, and "02" for mandibular only.
 - Enter the date of service as the day the service ended. Submit a copy of the invoice, copies of notes of the follow-up visits and documentation of the reason the service was not completed.
3. The six-month follow-up has ended and the member wants to obtain other dentures from another dentist sooner than allowed by the five-year policy limit.

- An exception to policy is required. Only the Director of DHS has the authority to grant exceptions to policy. Approvals can be granted only in cases of extreme need when there are unusual or exceptional circumstances justifying an exception to the rule applicable in otherwise similar circumstances. The member, the other dentist or an interested party should submit an exception to policy request. Information regarding that process is available on-line at:
http://www.dhs.state.ia.us/dhs/appeals/exceptions_policy.html.

If you have any questions, please contact the IME Provider Services Unit, 1-800-338-7909, locally 515-256-4609 or by e-mail at imeproviderservices@dhs.state.ia.us.